

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-7-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes 72275 and 64483 rendered on 1-28-03.

### II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-28-03	72275-26	\$75.00	\$0.00	N	Unrecognized code	MFG Notice of Disclaimer	This code is not contained in the MFG, no reimbursement is recommended.
1-28-03	64483	\$321.00	\$0.00	N	Unrecognized code		This code is not contained in the MFG, no reimbursement is recommended

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s) 72275-26 and 64483.

The above Findings and Decision are hereby issued this 29th day of January 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division